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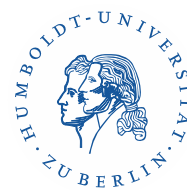
Working Paper

Disentangling the 1980s and 1990s in Poland

Milestones and Framework of
HIV/AIDS Policies

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The “Disentangling European HIV/AIDS Policies: Activism, Citizenship and Health” (EUROPACH) research team is made up of scholars based at four European universities – Humboldt University in Berlin (Institute for European Ethnology), Goldsmiths, University of London (Department of Sociology), University of Basel (Department of History) and Jagiellonian University (Institute of Sociology) – and works with another researcher who is based at a fifth academic institution, the Free University of Berlin. It also works in close collaboration with a number of non-academic partner organizations including AIDS Action EUROPE, European AIDS Treatment Group (EATG), Hydra (Germany), İnsan Kaynağını Geliştirme Vakfı (İKGV) (Turkey), Kaos GL (Turkey), the International Committee on the Rights of Sex Workers in Europe (ICRSE), National AIDS Trust (UK), SIEĆ PLUS (Poland), the ACT UP Oral History Project, the European Network of People Who Use Drugs (EuroNPUD), Deutsche AIDS-Hilfe (Germany), Justri (UK), Pembe Hayat LGBTT Dayanışma Derneği (Pink Life LGBTT Solidarity Association) (Turkey), Social ADIS Committee (Poland), and the Social Policy Foundation “Prekursor” (Poland).



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Introduction

From an epidemiological perspective, Poland, as a low prevalence country, has never experienced an HIV/AIDS epidemic. The first diagnoses and attempts at shaping policy responses took place in the mid- and late 1980s, respectively. The history of creating HIV/AIDS policies in Poland (as throughout Central and Eastern Europe) is intertwined with the political, economic and cultural transformations from socialism to capitalism. That is the reason why I decided to address this period in my paper. The main research questions of this paper are: What are the key processes of HIV/AIDS policies development through the 1980s and 1990s in Poland, and how are they understood by various social actors? What have been the central ways of framing HIV/AIDS by emerging civil society organizations, in public policies and as part of initiatives by the Catholic Church? What language was (and specifically which terms and labels were) applied to build these frames at that time? Although there are some sociological or anthropological studies on the Polish HIV/AIDS activism and policy developments (e.g. Owczarzak, 2007; Malinowska-Sempruch, 2013), the history of various policy tools, shifts in the language or pivotal moments of HIV activism have not been discussed comprehensively. By presenting some of the processes related to the HIV/AIDS policy emergence, this paper aims to contribute to filling this gap.

Paula Treichler (1987), in her famous essay, shows that HIV has not only been an epidemic in a medical or epidemiological sense, but it is also an epidemic of meanings, bringing into each context in which it appears a plethora of terms, labels and significations related to the virus and the disease. As this paper argues, this is true for Poland and other countries in Central and Eastern Europe as well, but these new forms of signification built on a social and political context that differed considerably from the US and other areas of Europe. While in some Western countries the epidemic had been preceded by various liberation protests (e.g. feminist movements, gay and lesbian mobilizations), these social movements were not present in Eastern European societies at that time. Only the end of the 1980s and the 1990s in Central Eastern Europe brought about systemic changes, along with cultural shifts and the emergence of new discourses on human rights, minority rights, sexuality and gender, which were not entirely absent beforehand but were nonetheless carefully controlled by previous regimes. The Polish anthropologist Janusz Mucha (1996), describing the emergence of so-called cultural and social minorities in post-communist Poland, underlines that various social and cultural groups were invisible in the public sphere before 1989 in at least two senses – one sociological, the other metaphorical. The first suggests that there were not enough social opportunities to build strong connections and bonds within a community; minorities were thus not a group in a sociological

sense. In a metaphorical sense, the attention is shifted to taboos and the invisibility of several topics in the public discourses of the communist era. The transformation brought about changes in defining social problems and socially important issues. Various ideas about the shape of sexual, gender or health politics, and the very understandings of sexuality, individual subjectivity and rights arose at the same time, rather than in the temporally sequential manner as is typical of Western countries (Mizielińska and Kulpa, 2011). However, due to the unequivocal influence of the Catholic Church over public life, these definitions were often ambiguous, especially regarding sexuality. The restoration of democracy has often been described as a process of constituting normalcy through policies impacting gender and sexuality (Keinz, 2011: 94; see also: Szcześniak, 2016). According to Anika Keinz (ibid.), “they have become (among others) crucial to political, social, and cultural negotiations and have been effectively deployed by political parties and governments to construct specific visions of Poland’s present and future as well as claim hegemonic interpretations of its past”. These negotiations are also visible in discussions on the meanings assigned to HIV/AIDS.

Given the specificities of the transformation period in Poland, including broad political, economic, cultural and social reforms and social changes in different areas of social life, this paper focuses primarily on the end of the 1980s and the 1990s. The image of the epidemic that emerges below does not provide a complete story of HIV/AIDS policies in Poland, and should be enriched among others with the narratives of those persons who created and shaped policies and set up civil society and community-based organizations. My analysis is based on the following materials and sources:

- Brochures, leaflets, and informative materials published by various institutions and collected by the Lambda Warszawa Archive and Historical Club Lgbtqia FEM from Warsaw. This means that the majority of them were addressed or related to LGBT communities or MSM (men who have sex with men). Some of them were even produced in the 1980s by small gay communities gathered around queer magazines e.g. “Filo”;
- Historical materials available at the website of KC ds. AIDS (National AIDS Centre), including *Krajowy Program* – a fundamental and crucial policy document introduced in the mid-1990s –and materials regarding social campaigns and cooperations with NGOs;
- Issues of “Filo” magazine – a gay journal published between 1986 and 2001;

- Narratives gathered during fieldwork; interviews with activists and representatives of NGOs who have been engaged in creating HIV/AIDS policies at the end of the 1980s and throughout the 1990s are used primarily as additional sources as they have not yet been analysed.

The historical background has been reconstructed based mostly on secondary data that have been collected and interpreted by other researchers. This paper is divided into several parts that connect back to the above research questions. It starts with a description of the political and economic transformation of 1990s Poland, and briefly discusses the defining characteristics of the 1980s in this part of Europe. The historical processes involved in the shaping of HIV/AIDS policies are presented through the lens of the milestones visible in national policies, the Catholic Church's stance, and through the activities of emerging NGOs working primarily in the field of prevention. Special focus will be given to the protests of local communities around shelters and centres for people living with HIV/AIDS, and to the discrimination that they experienced during the period of transformation. Finally, I present the frameworks of HIV/AIDS emerging primarily from the materials collected in the Lambda Warsaw Archive, with special attention to these produced by civil society organizations and the LGBT community (centred around FILO, a gay magazine).

Mapping the context of the HIV/AIDS policy emergence: Political and economic transformations

To provide a broad context of the emerging HIV/AIDS policies and civil society organizations working in the field of prevention, it is necessary to briefly describe the main social, political and economic changes that took place in Poland at the end of the 1980s and throughout the 1990s. During the transition period, new social problems emerged and became visible, and new groups came into being and united into communities. At that time, LGBT communities and HIV/AIDS organizations started to form, and the issue of using drugs appeared in public discourses more and more often. The transformation also signalled the opening of borders, thus enabling international cooperation centred around HIV. It also resulted in the restoration of the freedom of association and development of civil society. Although for many people the social and economic changes related to the transition have been adventitious in terms of economic stability and social stratification, as well as for pursuing individual careers, within Polish society there were also vulnerable groups, for whom transformation meant a reduction in quality of life, an increase in poverty, and a lack of stability (Malinowska-Sempruch, 2013, pp.21-28). All these changes were and are fundamental to the current shape of public policies, including

those related to HIV/AIDS and could be viewed as a milestone in and of itself. The rights of several groups of citizens have still not been recognized (e.g. no legal recognition of same-sex couples, reproductive rights violations, regionally diversified legal interpretations regarding gender recognition procedures, including those requiring physical interventions before the legal procedure). These include so-called key populations: LGBT people, sex workers, and people who use drugs. According to Peggy Watson (2006, p.1081), “Liberalization, rather than the equalization of rights, has been central to the transition to liberal democracy after communism. As rights were liberalized they became ‘conditional capacities’ rather than social entitlements under state guarantee”. The restoration of democracy relied on liberalization from the previous regime through the free market, which did not guarantee actual social security or full recognition as social subjects. In addition, Kasia Malinowska-Sempruch (2013, p.32) observes that, in the context of neoliberal ideology and a strong Catholic influence on public discourse, shaping the reality of post-socialist Poland, very little attention was paid to “the fundamental social factors and structural violence” appearing in the realm of HIV and drug use.

Shock therapy

In this section, special focus will be given to the healthcare system in Poland in the 1990s, which sheds some light on the crucial and more general shifts in society. The 1980s are now associated primarily with the rise of the mass Solidarity Labour movement and the introduction of Martial Law in 1981-1983. The fall of communism in Central and Eastern Europe in 1989 marked out a distinct boundary between the different economic regimes. The transformation from the centrally planned and governed communist society into a democratic and capitalist social order took the course of two waves of wide reforms (Watson, 2011). The first wave started just after the fall of communism, introducing so-called “shock therapy” (the Sachs Plan), which “in addition to eliminating price controls overnight and slashing subsidies, the Sachs Plan advocated selling off the state mines, shipyards and factories to the private sector” (2007, p. 177). Peggy Watson (2011, p.54) shows that the initial stage of the changes was centred around “the immediate introduction of private property relations and the market, the privatization of state property and the acceptance of the rules of free trade”. According to Malinowska-Sempruch (2013, p.24): “Consistent with neoliberal practices elsewhere, the role of the state was reduced to that of a manager of the process of privatization with an ever-shrinking mandate to provide social.” Besides bringing a sense of freedom (also in the context of setting up civil society organizations and the possibility of community organizing, previously controlled and limited drastically by the state) and democratic governments, the change also provoked a multitude of social problems: high rates of unemployment (16.4% in 1993 and

20.7% in 2003, whereas in socialist regimes there was officially no unemployment), corruption (especially in the healthcare system), poverty and social inequalities (related to the privatization of state farms and heavy industry, among others). Along with all of these shifts in politics, the economy, education, and other social and political arenas, an idea based on the assumption that each man and woman is the architect of his or her own fortune, reinforcing individualism and self-responsibility, was slowly gaining popularity in public discourse (Dunn, 2008; Jarosz, 2005; Ost, 2005; Kowalik, 2009). This idea of self-responsibility, as I will show in further sections, also became present in the context of HIV/AIDS and drug use.

Shaping the welfare policy

The second wave of the transformation was about the shape of the welfare and social sectors in the new capitalist and democratic society. Healthcare enhancement processes offer a good illustration of this stage. With the reform of the administration model, responsibility for managing healthcare was transferred from the centralized state authorities to local governments. Applying the neoliberal World Bank healthcare model included “the break-up of the single state health care structure, promotion of the idea of individual responsibility for health, and of a market orientation and the eventual introduction of private health insurance” (Watson, 2011, p.59). Private owners (e.g. of hospital or clinics) were included in the health care system in 1991, along with local authorities and other ministries. Public hospitals become more autonomous and responsible for their own finances. The biggest reform was planned to be introduced at the end of the 1990s and its primary goal was to “redefine the mechanism of financing, and to commercialize health care” (Watson, 2006, p.1083). In 1999, the model of financing public healthcare changed from central state funding to one based on a health insurance system where services are financed by obligatory premiums (the Bismarck model). The Sickness Funds set up as a result of this reform in 1999 and then transformed into The National Health Fund (NFZ) could operate with limited services (Watson, 2006, p.1082). This resulted in a situation where at the end of each year there were no funds for the planned services in some medical centres and hospitals. Years of implementing healthcare systems, and further changes related to the privatization of the pharmaceutical industry were accompanied by numerous protests by healthcare professionals (see: e.g. Kubisa, 2014) in response to the clear underfinancing of public healthcare. Furthermore, Poland stood out as a country with a low level of patient satisfaction (OECD, 2015), which led to the use of private care as an alternative to insufficient public services. Finally, the patient-doctor communication model is still considered paternalistic rather than based on equal relationships and partnership (Ostrowska, 2006). In the 1990s, other steps important to public policies were undertaken. Deep reforms

were applied to education, law regulations, social benefits and reproductive rights, among other areas. At that time, many civil society organizations working in diverse areas were established.

A general inefficacy of the healthcare system in Poland could be one of the reasons for a growing number of late diagnoses and a relatively small part of the population being tested (less than 10%). Important in this context, HIV treatment in Poland is not financed through NFZ, but from the budget of the treatment program of the Ministry of Health as part of the *Krajowy program*. This solution was introduced in 1999. However, in the narratives that I collected while doing fieldwork there has been an echo of this early concern about the financial limits for treatment because the yearly budget per patient has been recently reduced. Highly active antiretroviral therapy was introduced in Poland in 1996 – it was an important milestone in the development of policy tools.

Public policies regarding HIV/AIDS

This section aims to map the processes regarding HIV/AIDS policy tools developments. It presents primarily the emergence of the first policy documents and state institutions established with regards to HIV/AIDS. Given the history of the epidemic in Poland, during first years of which HIV was diagnosed most often among people who use drugs, I discuss also the shifts within drug policies.

First years of the epidemic

The first diagnosis of HIV in Poland was made in 1985 while the first person to be diagnosed with AIDS occurred one year later. Through the 1990s, the highest number of infections was reported among people who inject drugs – they constituted 65% of all diagnosed infections until 1997 (between 1985 and 1992, this group made up 77,3% of all diagnosed infections, see Juszczuk, Gładysz, 1992, p.144). The first case of HIV infection among people who inject drugs was discovered in September 1988 (three years after the very first diagnosis). This could be related to the fact that the socialist state officially denied the existence of people who use drugs in Poland, or with the exclusion of this group from any social and health services.

Information about the virus had arrived in Poland earlier, however, mainly through the medical community. Little attention was given to news of the virus, and the issue was presented as “exclusively Western” throughout the Eastern Bloc (Owczarzak, 2007). In the late 1980s, in a Polish magazine dedicated to healthcare – *Służba Zdrowia* – the topic of AIDS appeared numerous times, especially with regards to the urgent need for prevention, and the provision of treatment and care to patients (Ibid.). Such calls became highly visible when censorship was lifted in 1986, and HIV started to appear **as part of the inefficiency of the socialist state and**

its institutions (illustrated by e.g. the poor quality of Polish condoms, lack of plans for systematic actions, and lack of knowledge) (ibid., p.109). As Owczarzak, who conducted research on Polish prevention, shows (ibid., p. 110), it is important to note that at the end of the socialist state, with respect to prevention, **condoms were not considered through a moral frame as they came to be in the 1990s**. She stated (ibid., p.111) “[...] in the socialist Polish context, when questions about the moral implications of condoms promotion were raised, they reflected a convergence of socialist puritanism, exhibited in denials that certain problems existed, and Catholic Puritanism, voiced in objections to particular sexualities”. This period is characterized also by chaotic and fragmentized actions. One of the examples of such activities could be a vast distribution of leaflets addressing HIV/AIDS issues. Poland was one of the first countries which started the mass dissemination of AIDS information. In 1987, the Ministry of Health and Social Welfare sent out ten million leaflets on AIDS to all Polish households. However, as Renee Danziger (1994, p. 6) stated: “[...] the results of the campaign were not as beneficial as might have been hoped. In addition to distribution problems, the leaflet was not pre-tested, and the information contained in it was incomplete and unclear. As a result, the campaign may have led to greater confusion among people who had no other source of information on HIV and AIDS.”

Lack of systematic planning and educational programs for medical professionals and underfinancing of healthcare resulted in fear and the unwillingness among hospital staff to work with people with HIV/AIDS. At that time, the Polish government decided to increase salaries for those working with persons diagnosed with HIV/AIDS. However, other problems, like a shortage of equipment and medicines, and lack of prevention programs, were not solved until the 1990s. Although the medical community in the transformation period demanded changes with respect to the care of people with HIV/AIDS as well as the implementing of systematic prevention measures, the materials that they released often included a moral assessment of some behaviours, indicating, for example, liberated sex, which arrived also to Poland along with democracy and capitalism, as a cause of the so-called AIDS crisis (see: Juszczuk and Gładysz 1993, pp.361–97).

Before the fall of communism, in the mid-1980s, AIDS was also used as a pretext to conduct the “Hyacinth” campaign of the communist government to gather information about homosexual men. At this time, the Polish Civic Militia raided known homosexual social venues and forced those caught on site to sign a special declaration that read “I hereby state that I am homosexual since birth...” As many as 11,000 documents (the so-called ‘pink files’) were collected (Selerowicz, 2015). In the 1980s homosexual communities that were active in Warsaw

and Wrocław were trying to set up associations for the first time, but their efforts were blocked by state authorities.

Entering the 1990s

The first attempts at preparing and implementing a policy document regarding HIV/AIDS were made in 1988 when the first **Krajowy Program HIV/AIDS 1988-1990** (National HIV/AIDS Program 1988-1990) was created (Ankiersztejn-Bartczak, 2013) as a response to the WHO call for preparing national prevention programs (Stapiński, 1996, p. 66). Its status, however, was unclear. A lack of funds for its implementation resulted in the absence of any planned activities (Ptaszek, 2006). Another one-year program was announced in 1990 with the same unsatisfactory results (ibid., p.67). At that time, various ad hoc actions were undertaken spontaneously as a response to concrete need. Already in 1985, the Minister of Health appointed a plenipotentiary for AIDS, who set up a team of 10 experts at his disposal. “Risk groups” at that moment were defined as “homosexuals, haemophiliacs treated by blood-derived medicaments and blood donors” (Bończak, 1988, p.5), people who inject drugs, and (less often) sex workers (Czernikiewicz, 1990, p.39). The very first scientific publications in Polish often defined “risk groups” on the basis of the experiences of Western countries (mostly the USA), so relatively vast space was given to homosexual men, while limited attention was paid to people who use drugs (e.g. Imieliński, 1990; Juszczuk and Gładysz, 1993). However, such definitions of the “risk groups” did not necessary translate automatically into the prevention strategies. Danziger (1994, p.4) shows that the campaigns from the early 1990s. organized by e.g. the Ministry of Health or its agencies gave centre stage to the information of heterosexual transmission (picture no. 1). Materials addressed to men having sex with men and people who use drugs were produced mainly by NGOs with the financial support from international agencies (ibid.).

Despite previous efforts, a separate HIV/AIDS office was established only in 1993 as the National Bureau for AIDS Prevention. This office served as an agency of the Ministry of Health and then it was transformed into **Krajowe Centrum ds. AIDS** (National AIDS Centre; acronym KC ds. AIDS) in 1999. The idea of creating a program which could shape a national HIV/AIDS policy returned in 1995 when at the end of the year a new document, national in scope, was prepared by the Council of Ministers and positively evaluated by the Sejm. The first national program allocated the majority of responsibilities, and the biggest portion of the budget (70%), to the Ministry of Health and Social Care (“[...] Ministry (...) is the main central authority, which in a planned, organized, and coordinated manner addressed a problem of HIV

prevention and AIDS treatment”, Krajowy program... 1996, p.15), and it focused on three fundamental goals:

- “improvement of the existing prevention system;
- educating society, shaping proper attitudes on the basis of current knowledge and human rights;
- providing complex care to people living with HIV and ill with AIDS” (Krajowy Program...1996, p.19).

Interesting here is that relatively little attention in the document is given to people who inject drugs, although available data shows that using drugs was the main means of HIV transmission in that period. Even though people who use drugs were recognized as a specific and action-requiring group – for example, the afterword to the *Krajowy Program* of 1996 states, “One very important and peculiar issue is HIV infections among drug users (*narkomani*), who among diagnosed infections are now the largest group of infected people in our country, simultaneously causing many problems” (Stapiński, 1996, p.70, emphasis mine) – not many activities responding to the needs of this group were mentioned in official policy documents, especially when it came to structural aspects of drug use (cf. Malinowska-Sempruch, 2013).

Part of the activities undertaken by KC ds. AIDS was to organize and carry out social campaigns promoting the rights of PLWHA, attitudes of acceptance towards people living with HIV, and testing. The campaigns were organized since the beginning of the centre’s existence. In the beginning, they were strongly inspired by international campaigns and slogans promoted by UNAIDS and on the occasion of World AIDS Day. Due to limited financial resources in 1994 and 1995, the campaigns were based mainly on small brochures and leaflets and promoted slogans like ‘AIDS and the Family’ and ‘Shared Rights, Shared Responsibilities’, respectively. The first outdoor campaign was organized in 1995 in the biggest cities of Poland showing the following questions/slogans:

Will you let me meet her knowing that she is infected?

Would you let me play with her knowing that I was infected?

Will you still love me knowing I'm infected?

Would you work with me knowing I was infected?

I wish to hear YES!

In the following years KC ds. AIDS followed international UNAIDS slogans. However, in 2000 together with UNDP and the Polish organization “Res Humanae”, a social campaign promoting testing was launched under the slogan “Don’t live in uncertainty! Do a test”. Outdoor banners and posters encouraged people to get tested anonymously.

Along with KC ds. AIDS, an important role was played by the Polish AIDS Society (PTN AIDS), which was set up in 1993 in Bydgoszcz as a result of a 1992 discussion in the Medical Academy of Warsaw among experts, medical doctors and professionals working in HIV/AIDS. The role played by PTN AIDS in shaping the policies (especially its practical aspects) is still highly visible, as their recommendations regarding treatment and care of people living with HIV/AIDS are perceived as a basis for medical practice. The very first booklet (the so called “blue booklet”) for professionals working in healthcare was published in 1989.

Another important step was the introduction of **anonymous patient records**. In 1995, a patient name database that had been functioning in Poland since 1985 and was located at the Epidemiological Department of the National Institute of Hygiene was replaced by an anonymous register, which collected data such as password, sex, age and voivodship of residence (Walendzik-Ostrowska and Dec, 2012, p. 18).

In 1997, exposing a person to infection of HIV was integrated into the Polish Criminal Code. The regulation was put into a separate paragraph beyond sexually transmitted infection:

Article 161. § 1. Whoever, knowing that he or she is infected by the HIV virus, directly exposes another person to infection from that disease shall be subject to the penalty of deprivation of liberty for up to 3 years. § 2. Whoever, knowing that he or she is afflicted with a **venereal or contagious disease, a serious incurable disease** or a disease which actually **threatens life**, directly exposes another person to infection from that disease shall be subject to a fine, the penalty of restriction of liberty or the penalty of deprivation of liberty for up to one year.

§ 3. The prosecution of the offence specified in § 1 or 2 shall occur on a motion of the injured person.

HIV is distinguished not only by a paragraph separate from STIs and other infectious diseases, but also with a different category of penalty (see: Brodzikowska, 2013). Since 1997 the regulation has been in fact rarely applied.

Drug policy developments

The end of the socialist state prompted discussions on drug use as well. In the mid-1980s, the first modern regulations regarding drug policies were established when the Act of 31 January

1985 on the prevention of “drug abuse” (Journal of Law 1985 no. 4 item 15 art.1) was introduced. The act did not punish people for the possession of substances that were forbidden by law, but penalized every activity relating to drug trafficking (Kuźmicz et al., 2009 see more on the situation of drug using in Eastern Europe in: Open Society Institute, 2001). In the late 1990s, new regulations criminalized the possession of drugs, with the simultaneous depenalization of small amounts of drugs for personal use. **Total penalization** was introduced in the 2000s (Kuźmicz, 2011). As Malinowska-Sempruch (2013, p.59) shows, the new drug law was partially justified in public debates by recalling the high HIV infection rates among drug users. Such argumentation appeared in the slogan used during one of the anti-drug campaigns from that period: “Better in Prison Than in a Cemetery”. After 1989 different policy tools were introduced in the context of drug use, but as Malinowska Sempruch (2013, p.49) stated, “In order to democratize, introduce capitalism and join the well-established and bureaucratically developed European Union (EU), many of the Polish policies, tools, and institutions simply mimic those of Western Europe without having gone through the discussions, tensions, and debates that the West spent decades on to build consensus. [...] Poland’s drug and HIV related institutions, on paper, are strikingly similar to those of our Western neighbors. However, on the ground, one finds evidence of a weak state where ineffective governance results in insufficient delivery of services, superficial discourse, and limited engagement of potential partners”.

The role of the Catholic Church

During the discussed period the Catholic Church’s stance regarding HIV/AIDS was ambiguous. Along with the economic and structural reforms, the position of the Catholic Church was strengthened (although it was already quite strong in the communist period due to the church’s support for the Solidarity Labour Movement and the significant role of Pope John Paul II in Polish society), and religion education was introduced to schools in 1991 on the basis of the Education System Act (Zielińska and Zwierżdżyński, 2017). The church and faith-based organizations took an active role in the debate around access to abortions at the beginning of the 1990s when after a period of liberalization (since 1956) several voices demanding a total ban on abortion (or at least restrictive regulations of access to abortion) appeared in the public discourse. The church thus had an important influence on the shaping of women’s rights, LGBT rights, access to contraception, and sex education. However, at the very same time, the church and church-related organizations were undoubtedly involved in different charity activities, and provided basic services (also social support) to homeless people, people with disabilities, people living in poverty, alcohol-dependent people, and others.

In her book on the intersection of LGBT rights in Poland and the political stance of the Catholic Church, Dorota Hall (2016) shows that the 1990s were extraordinary times during which various ideological positions regarding sexual rights were yet to be clarified. She describes this period through the lens of many possibilities and their potentials, and emphasizes that “the fall of communism brought with it a chaotic fluidity of articulations and stimulated the emergence of new subject positions and new universalist myths” (Hall, 2015, p.76). This means that many ideological positions, political stances, and collective identities were in a process of creation and shaping, including the Catholic framing of the epidemic.

The ambiguity of the Catholic Church’s stance regarding HIV/AIDS lies in its ideological premises. On the one hand, the church and religious organizations were engaged in providing services and help to people living with HIV/AIDS. The most visible figure of such involvement was Father Arkadiusz Nowak, a priest famous in the Polish context. There were also some social organizations (e.g. *Chrześcijańskie Stowarzyszenie Pomoc* – Christian Aid Association) providing medical and social services to people living with HIV/AIDS (Imieliński, 1990, p.96). On the other hand, HIV/AIDS issues seemed to be perceived by the Church in moral categories, at least to some extent. Needless to say, the church’s stance against condoms started to slowly change only in the first decade of the 21st century after the death of Pope John Paul II. Throughout the 1990s the church promoted an idea of a “tradition of acceptance” towards minorities that nonetheless included the promotion that people abandon their lifestyle in order to be free from addictions, sexual perversions etc. Such an approach was expressed by Józef Glemp (a prominent figure of the Polish church, and Primate of Poland in 1989-2001) in his words during a mass on Jasna Góra in 1992: “AIDS is an evil that starts with a moral attitude and consequently endangers health and life and causes tremendous social disruption, resulting in suffering and death among innocent people as well” (cited in Walendzik-Ostrowska, Dec, 2012, p.17). Such an approach was also supported by some conservative parties (e.g. ZCHN, see the statement of S. Niesiołowski described below), which openly used Catholic values in their political agenda.

Interestingly, Conor O’Dwyer (2012, p.339) in his analysis devoted to LGBT movements in Poland describes the whole period from 1989 to Polish accession to the EU (2004) through the framework he calls “**morality/charity**”, in which “homosexuality was seen in terms of moral failing and individual weakness, reflecting both the teaching of the Polish Catholic Church and communist-era social taboos”. According to O’Dwyer, such a framework was even reinforced by HIV/AIDS discourses influenced by the Catholic Church, which “stands against programs based on the principle of ‘safe sex,’ extending to a stance against the free distribution of both

condoms and needles/syringes” (Owczarzak, 2007, p.145). By promoting family values and abstemious lifestyle the Church thus linked HIV/AIDS with undesirable and harmful habits standing in opposition to the Catholic way of life.

Emerging NGOs and protests

In the 1980s, just before the transformation, all civic activities were strongly controlled and managed by the state. Only a few initiatives gained permission to organize social actions for people living with HIV/AIDS. The most prominent example of such organizations was **MONAR**, originally working with homeless people and those who use drugs. The leader of the movement – Marek Kotański – has been perceived as an influential and charismatic person, responsible for promoting accepting attitudes among the general public towards those who use drugs on the one hand, and for shaping a zero-tolerance policy on the other (Janiszewski, 2013). Through its activities (e.g. organizing residential therapeutic centres, syringe exchange programs, streetworking) Monar gained much visibility in Polish society and at the end of the 1980s was chosen by the authorities as one of the “referral centers” regarding health education (along with the Polish Red Cross) (Bończak, 1988, p.6).

International collaboration and civil society organizations

Due to the new possibilities of forming civil society organizations appearing in 1989, the first HIV/AIDS NGOs came into being at the beginning of the 1990s. The first NGO directly working in the field of HIV/AIDS – **Stowarzyszenie Solidarni wobec AIDS Plus** (Solidary with AIDS Plus Association, later known as Solidary Plus) – was established in 1989. Solidary Plus emerged from the MONAR movement. In 1992, Solidary Plus received a building in Wandzin from Bydgoszcz cable factory for creating a patient clinic and social centre for people living with HIV/AIDS. Known as Wandzin ECO “School of Life”, it is still in operation.

The political transformation of the early 1990s brought about several other HIV/AIDS organizations in the biggest Polish cities. Some of them were established as a result of **close cooperation with foreign communities**. In the narratives that I collected in Warsaw from the representatives of NGOs, knowledge transfers from foreign initiatives (mainly Western European) and the sharing of experience were important events at that time. An example of such cooperation is the workshops for volunteers organized by the French organization AIDES in the mid-90s. This event was often described as a turning or critical point on both personal and organizational levels. One of the interviewees, describing his stay in Kawęczyn Centre for people living with HIV/AIDS, recalled that in 1993 he had a chance to meet Daniel Defert – a co-founder of AIDES, who visited the centre “as one of many international delegacies” coming

to Poland at that time. The respondent mentioned that Defert showed him that, “it’s possible to live with the virus” and invited him and his colleague to France for an internship. They could learn there how to organize and build civil society initiatives with respect to HIV. As a result of this cooperation **Stowarzyszenie Wolontariuszy wobec AIDS Bądź z nami** (Be with Us Volunteers’ Association), was established in 1994 in Warsaw.

In 1996, the Bądź z nami Association organized the 1st All-Polish Meeting of People Living with HIV/AIDS in Rynia (near Warsaw). Although the attempts at including people living with HIV into social organizations and building patients’ initiatives were present since the beginning of civil society restoration after 1989, the invisibility of this group (but not the topic in general) in public discourses and debates seems to be evident. In the media, the female first “HIV coming out” was announced in 2015 during a campaign called “HIVokryzja - Wyleczmy się” (HIVocrisy. Let’s cure ourselves), when the main heroine of the project spoke about her infection in public.

Other important organizations established in this period were the Social AIDS Committee and the Polish Foundation for Humanitarian Aid “Res Humanae”, both centred in Warsaw (1993). One of the contemporary regular events gathering various social actors involved in HIV policies is an annual conference at the beginning of December in Warsaw. The very first conference was organized in 1994 by the Res Humanae Foundation under the title “Chory na AIDS w rodzinie i społeczeństwie” (“Ill with AIDS in family and society”, the title was changed to “A person living with HIV in family and society”). A year later, in 1995, the first workshops for volunteers were organized by AIDES. One of my interviewees described this period as **a very intense time of close collaboration of different organizations and groups**. This was particularly visible in Warsaw, where regular meetings of the representatives of various initiatives were established.

Outside the capital there were several organizations that should be mentioned in the context of prevention. **Inicjatywa Gdańska** (Gdańsk Initiative) was a primarily LGBT organization active in Gdańsk and working in HIV/AIDS prevention. It was set up as a part of Lambda Groups. One of their activities was the Informative and Consultative Centre providing information about safer sex, as well distributing condoms and lubricants (Document 1).

It is worth noting that at the beginning of the 1990s. the LGBT community was still not very visible and homosexuality itself was a rather slowly emerging category in public debates as a result of both the cultural shift related to the transformation and civil mobilizations regarding LGBT rights. Such a perspective appears in the analysis of queer movements carried out by

Polish sociologist Jacek Kochanowski (2007), who describes this time as “internal queer politics”, which were centred around the Lambda Association in Warsaw. Lambda was officially registered and reactivated in 1997, but their activities were undertaken throughout the 1990s as a part of the **Rainbow Centre** in Warsaw. At that time, LGBT activists were working primarily on building a strong community and organizing self-help events. One of the crucial goals of the Rainbow Centre was to promote healthy lifestyles and undertake prevention activities with respect to HIV/AIDS. The main idea of such actions was introduced in the program “Information and Integration,” which was based on the assumption that educational activities and support for the self-organizing of LGBT people are “pillars for effective counteraction against the AIDS epidemic among homosexual people”.

Protests against the creation of centers for people living with HIV/AIDS

Concurrent with the emergence of the first HIV/AIDS organizations, protests of local communities against the creation of shelters and centres for people with HIV/AIDS were organized in numerous localities. The first attempts at setting up such facilities were undertaken by Marek Kotański in 1989 in Kawęczyn (near Warsaw); however, due to violent manifestations by the local community, the persons (five people) were moved to the bureau of the Ministry of Health and stayed there until January 1990. These events were described in detail by Jakub Janiszewski – a Polish journalist and author of the book *Kto w Polsce ma HIV?*, who stated:

The Polish HIV community treats this clash [in Kawęczyn – JS] as a specific Waterloo. In that house, the windows were knocked out, the residents were beaten up. Twice: when there was no water in the house, and they went to a nearby well and once when they went to bring some coal (Janiszewski, 2013, p.227)

The second place chosen for this purpose was in Konstancin, in a building previously used for the Government Protection Bureau, which resulted in the spread of several rumours and myths amongst the local community. The Camillian priest **Arkadiusz Nowak** was chosen to manage the centre in Konstancin. Regarding Konstancin, the Helsinki Committee reported in 1991: “[...] Attempts have been made to set fire to the building; The residents are monitoring infected people shopping at local shops and using public transit, and the caregiver priest has been receiving anonymous letters with threats of being beaten” (“Prawa Człowieka - Biuletyn”, 1991, p.11). On the other hand, there were visible gestures of support from the local community. Similar violent events took place in other localities such as Legionów (centre for homeless

people with HIV), Głusków (Monar's centre for people who use drugs), Zbicko (a centre for people who use drugs), and others. The protests in Głusków in July 1990 were described thusly:

In July, there were tumultuous protests against residents of the treatment center for drug addicts, especially AIDS patients and HIV carriers (...) The reason for these conflicts was the fear and psychosis surrounding AIDS that has taken hold in some settings. They called for the isolation of and discrimination against AIDS patients. During the protests, there was a fight and stones were thrown at the buildings (Kornak, 2009, p.9–10)

The Helsinki Committee in Poland reported these events in detail in 1991 in their bulletin on human rights. The analysis focuses on several crucial characteristics of the period by exploring the lack of sex education, the influence of the church regarding lifestyle and moral attitudes, and the “monopolization” of educational materials as produced by medical experts. (“[...] Prevention activities, information distribution and treatment are implemented only by the Ministry of Health and its subordinate offices”; “Prawa Człowieka - Biuletyn”, 1991, p.16). According to the report, there were cultural barriers to discussing sexual issues openly. On the other hand, the perception of others concerning people who used drugs (at that time especially injecting drug users, IDU) was strongly marked by the idea of HIV as a “**disease of choice**”, which placed total responsibility for one's situation on the individual, and did not demonstrate the structural and systemic context of drug use.

A similar analysis of the situation of people living with HIV/AIDS was presented three years later following the publication of the article “Discrimination against people with HIV/AIDS in Poland” by Renee Danziger (1994) in the British Medical Journal. According to the author, several forms of discrimination against people with HIV/AIDS were particularly visible in the transformation period. There were numerous cases of people living with AIDS being denied access to healthcare services in hospitals and medical centres, and testing without consent or knowledge, especially when it came to representatives of key populations (in the Polish case, people who use drugs and sex workers) (see also: Bulletin). Outside of the healthcare system, people with HIV (especially drug users) experienced the intentional cutting off of water to their homes, firebombing, and the refusal of admission to shops. Social exclusion was particularly severe with regards to people who use drugs, who were “widely perceived as irresponsible and dangerous, an image compounded by reports of drug users stealing in order to pay for drugs” (Danziger, 1994, p.1145).

Frameworks of HIV/AIDS

Among the materials gathered for this paper, those addressed to men having sex with men dominate. There are also some documents dedicated to people who use drugs, prisoners and those related with sex work. Some of them were provided by foreign organizations (German, French or Dutch) and translated into Polish, which shows strong transnational influences at the time of transformation. The others are original materials produced by Polish public institutions (such as medical universities or the National Bureau for AIDS Prevention) or NGOs (e.g. Lambda, DADU, Social AIDS Committee, Inicjatywa Gdańska, Monar). The following presentation of frameworks should be seen as a mapping exercise in which I focus on the most visible frames in the collected materials. However, it does not mean that the image described below is complete or comprehensive.

Recklessness and self-responsibility

Some of the main frameworks present in the analysed period of time appeared already in the description of the key milestones and important events for HIV/AIDS policies. AIDS, seen as a new lethal disease, was sometimes depicted through the lens of a moral lapse and as a consequence of one's lifestyle choices. Such a perspective was reflected in the words of some public figures and politicians. In 1992, for example, Stefan Niesiołowski, a chief of a parliamentary club of the conservative party "Christian National Union" (ZCHN), said, "People sick of AIDS are mostly perverts or drug addicts. In many cases, it's their own fault. They're not many people who are sick of this disease because of a blood transfusion" (cited in: "Filo, 10/1992, 41). Another example is the leaflet published by the Polish Red Cross and Institute of Venerology (Medical Academy), which was addressed to people who use drugs. In it, AIDS was explicitly named as a result of one's "**recklessness**" (*lekkomyślność*) (Doc. 9). Being irresponsible and participating in "risky" practices was contrasted with a healthy, based on self-control lifestyle. Some of the prevention materials presented AIDS in highly specialized medical language, especially when published by public institutions (e.g. Doc. 5 and Doc. 9).

Other materials operated with a category of fear and distrust and strongly promoted **self-responsibility**. "Acting carefully" was related with making a **right choice** regarding one's behaviours and lifestyle (Doc.13). A notion of self-responsibility, besides being related with avoiding reckless (risky) practices, was sometimes linked with self-care: "(...) Relax and think about the good things you can do for yourself (...)" (Doc.13, p. 6).

Needless to say, in the late 1980s and early 1990s, AIDS (and rarely HIV) was depicted as a disease of various minorities/risk groups, seen through a prism of pathological behaviours. The disease was primarily associated with homosexuals and people injecting drugs. For example,

the Polish weekly “Wprost” in 1993 cited a letter sent by the Ministry of Health to sanitary and epidemiological stations informing that “condoms are dedicated to people vulnerable to AIDS – drug users and homosexuals”, and not to “regular people”, including the author of the text (*Naciągany problem*, 1993, p.28). Even though in the 1990s the notion of ‘risk groups’ became used less and less and was replaced by ‘risk behaviours’, this category was still often apparent. Boundaries between those two categories were, however, often blurred and unclear – some documents used the latter term, which in fact mirrored the meanings of risk groups: e.g. “Since 1985, voluntary HIV tests have been conducted among groups with risky behaviors: homosexuals, prostitutes, drug addicts, and also among those ill with other sexually transmitted diseases” (Krajowy Program..., 1996, p.12). A reflection of such a framework could be seen in the 1993 film “Pora na czarownice” (“Time for Witches”), which presented stories of people living with HIV/AIDS set in the main railway station in Warsaw – “a prostitute” (Jola, *prostytutka*), “a faggot” (Andrzej, *pedał*), both using drugs. Their companions are “weirdos” (e.g. *Pojebus*), “Russians” (“Ruscy”) and drug dealers (Doc.14). The movie was inspired by real events in Kawęczyn or Kontancin as described above. The action starts at Warsaw central railway station, which through the 1990s was described as a place where people who use drugs and homosexuals gathered and lived. The main narrative of the movie might be interpreted in terms of the above mentioned “morality/charity” frame: although it gives some space to voices of people living with HIV/AIDS, their histories are presented from paternalistic and dramatic perspectives.

Safe sex and a strategy of laughter

Organizations and communities addressing their activities mainly to LGBT people and in terms of HIV/AIDS to MSM (at that time called homosexuals or gay men) focused mostly on promoting the idea of **safe sex** (sometimes called ‘safer sex’, ‘sex without risk’, or ‘sex with lower risk’). Safe sex was presented as **a synonym of pleasure**, self-care and caring for a sexual partner. It was underlined that using a condom did not deprive people of sexual expression or freedom. By discussing diversified sexual techniques and showing a multitude of erotic practices grasped under the slogan of safe sex, the leaflets were meant to stimulate positive thinking about condoms. According to a document prepared by Rainbow Centre and used as a program for prevention activities, “[...] the most effective way of changing risky behaviors is to create strong group bonds, imposing new standards of safe sex” (Doc.11). Such an approach resulted in concrete actions that aimed at “creating alternative methods of searching for a partner instead of in the places for so-called ‘quick sex’ [as opposed to safe sex] (Doc. 11). A somewhat different strategy was used by the gay magazine “Filo”, published since 1986. In the

late 1980s the magazine, due to a lack of financial and technical resources, visually resembled a zine. This changed with the fall of communism, bringing more consumer-oriented coverage. In the years before and just after the transformation, the magazine acted as an important source of knowledge about the epidemic, and published many news stories about HIV/AIDS from around the world in almost every issue. This included detailed reviews of Polish public television shows, press and politics. In the magazine, activists often published urgent calls for prevention activities and for solidarity with people living with AIDS. They also demanded including the homosexual community into policy documents, often not mentioning the situation of the LGBT community explicitly (so called “de-homosexualization” of HIV/AIDS policy; “Filo”, 1998, no. 3). The magazine also promoted the idea of safe sex, although, in this case it was related with a demand to **“abandon the sense of shame”**, the sense of indecency. They also applied a strategy that could be called **a strategy of laughter**, while trying to promote safe sex but in a comical, entertaining style. This strategy was used both in terms of visual materials (see pictures 4, 5, 6) and polemic texts in which authors often discussed the statements of public figures, the lack of sex education, the influence of the Church on prevention programs, etc. An example of the strategy of laughter is given below.

“Sex exists, has existed and will exist, sex it a good joyful, pleasant thing (because it is, right?), people have been making love for forever and forever, and I hope will continue to do it. That’s why there is no sense in trying to convince them to stop, and there is no need to talk them into monogamy [...], because those who are monogamous will be monogamous, so there is no need to take care of them. We should rather care for those who prefer to make love with more than one partner, and those who are not easily convinced of monogamy. To be honest, there is no sense in convincing them since we want to protect them against AIDS and not against hellfire” (Starosta, 1990, p.9)

Questions for further research

In this first working paper written under the framework of EUROPACH project, on the one hand I wanted to outline the transformation context accompanying the first years of the epidemic in Poland, and on the other hand I aimed to map some of the crucial processes and milestones related to shaping HIV/AIDS policies in the 1980s and 1990s. The paper addressed also some of the frameworks of meaning, emerging around the virus. The picture of the HIV/AIDS policies and activism, coming into view in the late 1980s and throughout the 1990s, reveals responses towards HIV/AIDS which are fragmentized, chaotic, but also intensive and spontaneous. At that time, HIV and AIDS in public discourses are most often related with

“irresponsible” and “risky” practices such as drug use and homosexuality. Interestingly, this does not automatically translate into prevention strategies undertaken by the policy bodies coming into being at the beginning of the 1990s. Non-heteronormative sexuality still functions as a taboo in public debates and drug use is depicted as opposed to a new model of citizen, self-caring, resourceful and responsible, emerging from neoliberal ideologies which appear in the Polish reality due to wide social and economic reforms.

I see my paper as a starting point for further research, in which I find particularly interesting to explore the following questions and issues:

1. how do the drug policies intersect with the HIV/AIDS policies during the transformation period? What impact do the transformation reforms and changes have on both policies?
2. What meanings do civil society organizations assign to international collaboration? How do different ideas regarding HIV/AIDS travel from one country to another? How does international collaboration shape Polish local activism?

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Document 1 – Inicjatywa Gdańska, 1993

Document 2 – Bezpieczniejszy Seks, Stowarzyszenie Grup “Lambda”, 1991 and 1996, translated and modified version of a French leaflet “Safer sex” published by AIDES Paris

Document 3 – Live Passionately. Make Love Safely. Żyj namiętnie, kochaj się bezpiecznie, Stowarzyszenie Grup “Lambda”, 1993

Document 4 – A postcard “Seks z prezerwatywą to seks bez granic i bez ryzyka” (Sex with a condom is sex without boundaries and without risk), Inicjatywa Gdańska, 1993

Document 5 – Prawda i mity o AIDS (Truth and myths about AIDS), National Bureau for AIDS Prevention

Document 6 – Ty, Twój partner i AIDS (You, your partner and AIDS), Stowarzyszenie Polskich Gejów I Lesbijek w Toruniu, 1996

Document 7 – Bezpieczny seks (Safe sex), Lambda Katowice, translated and modified version of a Dutch leaflet Homoseks en AIDS published by GVO.

Document 8 Prezerwatywa najlepszym przyjacielem – Nigdy się z nim nie rozstawaj *Condom – your best friend. Never part with it!*, Inicjatywa Gdańska

Document 9 AIDS – choroba, której możesz uniknąć nawet jeśli jesteś narkomanem (AIDS – Disease you can avoid even if you’re drug user), Instytut Wenerologii AM and Polski Czerwony Krzyż

Document 10 Być rozsądny, nie wierz plotkom! (Be reasonable, don’t trust gossip) Inicjatywa Gdańska

Document 11 Program Ośrodek Rainbow, Informacja i integracja, Ośrodek Rainbow, Lambda Warszawa, 1996

Document 12 Czy trzeba bać się AIDS (Should one be afraid of AIDS?), Instytut Wenerologii AM and Polski Czerwony Krzyż

Document 13 Możesz wybrać (You can choose) National Bureau for AIDS Prevention, 1994

Document 14 Pora na czarnownice, Poland 1993, dir. Piotr Łazarkiewicz.

Annex: Pictures



1. “Being faithful to each other we will have a long and happy Life together... without AIDS”, Krajowe Biuro Koordynacyjne do Spraw Zapobiegania AIDS, 1994, London School of Hygiene and Tropical Medicine



2. Prezerwatywa najlepszym przyjacielem — Nigdy się z nim nie rozstawaj (Condom — your best friend. Never part with it!), Inicjatywa Gdańska, Lambda Archive in Warsaw



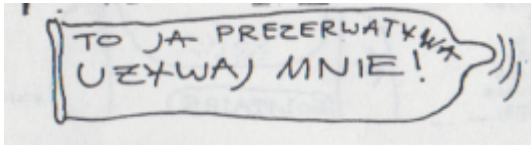
3. Remember! You can't recognize who is infected and who is not. Thus, always act carefully, Prawda i mity o AIDS (Truth and myths about AIDS), National Bureau for AIDS Prevention, Lambda Archive in Warsaw



4. Our sign of safe sex – I'm safe" Filo 1987 p.3 no 9-10, Lambda Archive in Warsaw



5. Safe sex illustration: "Safe Sex: Yes!, Yes! Yes!", FILO magazine, 1987, no.7-8, Lambda Archive in Warsaw



6. "It's me - condom! Use me!" FILO magazine, 1988, no.1, Lambda Archive in Warsaw